

House, No. 1309

By Mr. Walsh of Boston, petition of Martin J. Walsh and Carol A. Donovan for legislation to provide insurance coverage for lymphedema treatment. Insurance.

The Commonwealth of Massachusetts

In the Year Two Thousand and Three.

AN ACT PROVIDING COVERAGE FOR LYMPHEDEMA TREATMENTS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Chapter 32A of the General Laws is hereby amended by inserting after section 17H the following section:—

Section 17I. (a) The commission shall provide to any active or retired employee of the commonwealth who is insured under the group insurance commission coverage for the cost of treatment and follow-up treatment for lymphedema, including but not limited to complete decongestive physiotherapy, manual lymph drainage, surgical treatments, compression garments, bandages, replacement garments or bandages or other course of treatment recommended by a health care provider in accordance with generally accepted current medical standards. The course of treatment for lymphedema shall be determined by a health care provider licensed under chapter 112. No person other than a health care provider licensed under chapter 112 and competent to evaluate the specific clinical issues involved in the treatment of lymphedema may deny requests for the payment of benefits under this section. The commission shall also provide coverage for treatment of lymphedema by a physical therapist licensed under section 23B of chapter 112 or by a massage therapist licensed by a municipality under section 51 of chapter 140 if the therapist is certified respectively by the board of allied health professions or the municipality to treat lymphedema.

(b) The commission shall not impose upon any person receiving benefits under this section any co-payment, fee or condition that is not equally imposed upon all individuals in the same benefit category. The commission also shall not impose any policy year or calendar year dollar or durational benefit limitations or maximums for benefits or services provided to a person under this section.

SECTION 2. Chapter 118E of the General Laws is hereby amended by inserting after

section 10C the following section:—

Section 10D. (a) The division shall provide coverage for the cost of treatment and follow-up treatment for lymphedema, including but not limited to complete decongestive physiotherapy, manual lymph drainage, surgical treatments, compression garments, bandages, replacement garments or bandages or other course of treatment recommended by a health care provider in accordance with generally accepted current medical standards. The course of treatment for lymphedema shall be determined by a health care provider licensed under chapter 112. No person other than a health care provider licensed under chapter 112 and competent to evaluate the specific clinical issues involved in the treatment of lymphedema may deny requests for the payment of benefits under this section. The division shall also provide coverage for treatment of lymphedema by a physical therapist licensed under section 23B of chapter 112 or by a massage therapist licensed by a municipality under section 51 of chapter 140 if the therapist is certified respectively by the board of allied health professions or the municipality to treat lymphedema.

(b) The division shall not impose upon any person receiving benefits under this section any co-payment, fee or condition that is not equally imposed upon all individuals in the same benefit category. The division also shall not impose any policy year or calendar year dollar or durational benefit limitations or maximums for benefits or services provided to a person under this section.

SECTION 3. Chapter 175 of the General Laws is hereby amended by inserting after section 47V the following section:—

Section 47W. (a) Any policy of accident and sickness insurance described in section 108 which provides hospital expense and surgical expense insurance and which is delivered, issued or subsequently renewed by agreement between the insurer and policyholder in the commonwealth; any blanket or general policy of insurance described in subdivision (A), (C) or (D) of section 110 which provides hospital expense and surgical expense insurance and which is delivered, issued or subsequently renewed by agreement between the insurer and the policyholder, within or without the commonwealth, except policies providing supplemental coverage to Medicare; or any employers' health and welfare fund which provides hospital expense and surgical expense benefits and which is delivered, issued or renewed to any person or group of persons in the commonwealth, shall provide coverage for the cost of treatment and follow-up treatment for lymphedema, including but not limited to complete decongestive physiotherapy, manual lymph drainage, surgical treatments, compression garments, bandages, replacement garments or bandages or other course of treatment recommended by a health care provider in accordance with generally accepted current medical standards. The course of treatment for lymphedema shall be determined by a health care provider licensed under chapter 112. No person other than a health care provider licensed under chapter 112 and competent to evaluate the specific clinical issues involved in the treatment of lymphedema may deny requests for the payment of benefits under this section. An insurer shall also provide coverage for treatment of lymphedema by a physical therapist licensed under section 23B of chapter 112 or by a massage therapist licensed by a municipality under section 51 of chapter 140

if the therapist is certified respectively by the board of allied health professions or the municipality to treat lymphedema.

(b) No insurer shall impose upon any person receiving benefits under this section any co-payment, fee or condition that is not equally imposed upon all individuals in the same benefit category. No insurer shall impose any policy year or calendar year dollar or durational benefit limitations or maximums for benefits or services provided to a person under this section.

SECTION 4. Chapter 176A of the General Laws are hereby amended by inserting after section 8V the following section:—

Section 8W. Any contract, except contracts providing supplemental coverage to Medicare or other governmental programs, between a subscriber and the corporation under an individual or group hospital service plan which is delivered, issued or renewed in the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment within the commonwealth coverage for expenses incurred in the treatment and follow-up treatment for lymphedema, including but not limited to complete decongestive physiotherapy, manual lymph drainage, surgical treatments, compression garments, bandages, replacement garments or bandages or other course of treatment recommended by a health care provider in accordance with generally accepted current medical standards. The course of treatment for lymphedema shall be determined by a health care provider licensed under chapter 112. No person other than a health care provider licensed under chapter 112 and competent to evaluate the specific clinical issues involved in the treatment of lymphedema may deny requests for the payment of benefits under this section. The corporation shall also provide coverage for treatment of lymphedema by a physical therapist licensed under section 23B of chapter 112 or by a massage therapist licensed by a municipality under section 51 of chapter 140 if the therapist is certified respectively by the board of allied health professions or the municipality to treat lymphedema.

(b) No corporation shall impose upon any person receiving benefits under this section any co-payment, fee or condition that is not equally imposed upon all individuals in the same benefit category. No corporation shall impose any policy year or calendar year dollar or durational benefit limitations or maximums for benefits or services provided to a person under this section.

SECTION 5. Chapter 176B of the General Laws is hereby amended by inserting after section 4V the following section:—

Section 4W. Any subscription certificate under an individual or group medical service agreement, except certificates which provide supplemental coverage to Medicare or other governmental programs, delivered, issued or renewed within the commonwealth shall provide as benefits to all individual subscribers or members within the commonwealth and to all group members having a principal place of employment in the commonwealth,

coverage for expenses incurred in the treatment and follow-up treatment for lymphedema, including but not limited to complete decongestive physiotherapy, manual lymph drainage, surgical treatments, compression garments, bandages, replacement garments or bandages or other course of treatment recommended by a health care provider in accordance with generally accepted current medical standards. The course of treatment for lymphedema shall be determined by a health care provider licensed under chapter 112. No person other than a health care provider licensed under chapter 112 and competent to evaluate the specific clinical issues involved in the treatment of lymphedema may deny requests for the payment of benefits under this section. The corporation shall also provide coverage for treatment of lymphedema by a physical therapist licensed under section 23B of chapter 112 or by a massage therapist licensed by a municipality under section 51 of chapter 140 if the therapist is certified respectively by the board of allied health professions or the municipality to treat lymphedema.

(b) No corporation shall impose upon any person receiving benefits under this section any co-payment, fee or condition that is not equally imposed upon all individuals in the same benefit category. No corporation shall impose any policy year or calendar year dollar or durational benefit limitations or maximums for benefits or services provided to a person under this section.

SECTION 6. Chapter 176G of the General Laws is hereby amended by inserting after section 4N the following section:—

Section 4O. An individual or group health maintenance contract, except contracts providing supplemental coverage to Medicare or to other government programs, shall provide coverage and benefits for expenses incurred in the treatment and follow-up treatment for lymphedema, including but not limited to complete decongestive physiotherapy, manual lymph drainage, surgical treatments, compression garments, bandages, replacement garments or bandages or other course of treatment recommended by a health care provider in accordance with generally accepted current medical standards. The course of treatment for lymphedema shall be determined by a health care provider licensed under chapter 112. No person other than a health care provider licensed under chapter 112 and competent to evaluate the specific clinical issues involved in the treatment of lymphedema may deny requests for the payment of benefits under this section. The corporation shall also provide coverage for treatment of lymphedema by a physical therapist licensed under section 23B of chapter 112 or by a massage therapist licensed by a municipality under section 51 of chapter 140 if the therapist is certified respectively by the board of allied health professions or the municipality to treat lymphedema.

(b) No health maintenance organization shall impose upon any person receiving benefits under this section any co-payment, fee or condition that is not equally imposed upon all individuals in the same benefit category. No health maintenance organization shall impose any policy year or calendar year dollar or durational benefit limitations or maximums for benefits or services provided to a person under this section.

